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ABSTRACT

Data relating to population and family planning in three foreign countries are presented in these situation reports. Countries included are Ghana, India, and South Africa. Information is provided under two topics: general background and family planning situation, where appropriate and if it is available. General background covers ethnic groups, language, religion, economy, communication/education, medical/social welfare, and statistics on population, birth and death rates. Family planning situation considers family planning associations and personnel, government attitudes, legislation, family planning services, education/information, training opportunities for individuals, families, and medical personnel, research and evaluation, program plans, government programs, and related supporting organizations. Bibliographic sources are given. (BL)

# Situation Report

Distribution *

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Country GHANA Date NOVEMBER 1972

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1 01 839-2911/6

ED 075228

| STATISTICS | 1950 | 1960 | LATEST AVAILABLE FIGURES |
|---|---|---|---|
| Area | | | 238,537 sq.kms. |
| Total Population | | 6,727,000 | 8,546,000 (1970)[1] |
| Population Growth Rate | | | 3.0% (1963-70)[2] |
| Birth Rate | | | 46.6 per 1,000 (1965-70)[2] |
| Death Rate | | 23 per 1,000 | 17.8 per 1,000 (1965-70)[2] |
| Infant Mortality | | | 160 per 1,000 (1960)[3] |
| Women in Fertile Age Group (15-44) | | 1,465,076[2] | 2 million |
| Population under 15 years | | | 45%[4] |
| Urban Population | | 23% | 30% (1969)[3] |
| GNP per capita | | | $190 (1969)[5] |
| GNP per capita growth rate | | | 0.0% (1960-69)[5] |
| Population per doctor | | | 15,200 (1969)[6] |
| Population per hospital bed | | | 793 (1970)[6] |

1. Result of 1970 Census.
2. UN Demographic Yearbook 1970.
3. Local estimate.
4. Population Reference Bureau.
5. World Bank Atlas.
6. UN Statistical Yearbook 1971.

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* This report is not an official publication but has been prepared for informational and consultative purposes.

SE 015 929

## GENERAL BACKGROUND

Ghana became an independent state in 1957, the first tropical African country to break away from colonial rule. The period of rule under President Nkrumah was followed by a series of changes in the political leadership.

### Ethnic Groups

There are about 75 different tribal groups in Ghana. The largest are the Akan, Mole - Dagbani, Ewe, and Ga - Adangbe. The northern tribes are more traditional in both custom and religion.

### Language

English is the official language. Of Ghanaian languages, Akan is most widely spoken in Ashanti and the coastal regions. The other main languages are Ga (Accra plain), Ewe (Volta), Nzima (West Takoradi), Dagbani, Hausa amd Moshie in the North. In all, there are 75 different languages and dialects.

### Religion

The majority follow traditional beliefs. Christians, situated mainly in the South, are 43% while Moslems, concentrated in the North, are c. 12%. Among the Christian population at least two-thirds are Protestants.

### Economy

Primarily an agricultural country. Ghana's largest export is cocoa, which accounted for well over half the total value of exports in 1969. Agricultural incentives are given by the Government. The country is trying to develop its fisheries as a source of food, but still has to import fish. About 12% of all imports are food. Electric power comes from the Volta River dam, which began generating power in 1966. By 1968 the Volta River Authority supplied nearly the total national demand. Ghana's minerals include bauxite, gold, diamonds and manganese. Timber is also an important export.

It is estimated that about 61% of the population is engaged in agricultural pursuits, and about 31% in services. The southern part of the country contains the majority of the population, and is generally more developed. Population density is c. 90 per square mile.

### Communications/Education

| | |
|---|---|
| Newspapers | 36 copies per 1,000 (1967) |
| Cinema | 9.6 seats per 1,000 (1970) |
| Radio | 103 sets per 1,000 (1970) |
| T.V. | 1.15 sets per 1,000 (1970) |

The road system is good by tropical African standards.

| | |
|---|---|
| Schools: | Primary 1967-68 1,072,523 pupils |
| | Secondary 1967-68 43,889 pupils |
| | University 1967-68 4,878 students |

Education is compulsory between the ages of 6 and 16, and an estimated 30% of Ghana's adult population were literate in 1969. In major towns literacy is probably over 50%.

Medical

The Ghana Medical School's first group of 40 physicians graduated in 1969. Nursing Schools produce about 130 SRNs per year. In 1961 there were over 6,000 hospital beds in 42 Government Hospitals, with another 4,000 or so operated by missions, mining companies and private practitioners. There are about 550 physicians, the majority of who are on the staff of the Ministry of Health. The Ministry also employs 3,500 nurses, and 550 midwives. Health facilities in the northern regions are often poor.
Life expectancy in 1960 was 40 years.

FAMILY PLANNING SITUATION

Family Planning services are provided from three main sources, the Government, the Planned Parenthood Association, and the Christian Council of Ghana. Government policy to implement a family planning programme was launched in 1970, while PPAG was formed in 1967 and now works within the national programme. The Christian Council offers family planning service at 4 clinics. Both PPAG and the Government have adopted the red triangle symbol. By mid-1972 some 85 family planning clinics were in full operation throughout the country, 50 run by the Ministry of Health and 20 by PPAG and the Christian Council.

In September 1970 a comprehensive evaluation was introduced into all family planning clinics as part of the National Programme.

History

A Family Planning Committee was formed in 1960, and the Christian Council of Ghana started a Family Planning Advice Centre on the premises of the Y.W.C.A. in Accra in 1961. The initiative for the formation of a Family Planning Association came from a group of doctors attending the IPPF Copenhagen Conference in 1966, and the PPAG was established the following year. The Association became a member of IPPF in 1968.

Demography was introduced in the Sociology Department of the University of Ghana in 1959, and a separate Demographic Unit was set up within the Department in 1966 as a centre for demographic research.

The Government of Ghana was the first West African country to adopt a population policy. The policy was officially launched in May 1970.

The first African Regional Population Conference was held in Accra in December 1971. The Conference was sponsored jointly by the Economic Commission for Africa and the International Union for the Scientific Study of Population, in co-operation with IPPF. About 300 participants attended representing 36 African countries, 10 other countries and 23 international organisations and non-govermental agencies. The conference was officially opened by the then Prime Minister, Dr. Busia, and took place in the State House at the invitation of the Ghana Government.

A Regional Institute for Population Studies has been established in Accra and became operative in 1972. The first course started in February. The Institute has been set up as a result of an agreement between the United Nations and the Government of Ghana.

## Legislation

None against family planning provided by a qualified medical practitioner.

## FAMILY PLANNING ASSOCIATION ADDRESS

Planned Parenthood Association of Ghana,
P.O.Box 5756,
Accra,
Ghana. Cables: PPAGHANA, Accra.

## Personnel

| | | | |
|---|---|---|---|
| P.P.A.G. | President | : | Mr. E.Y.S. Engmann |
| | Vice-President | : | Rev. A.E. Bannerman |
| | Executive Secretary | : | Mr. E.K. Okoh |
| | General Advisor | : | Dr. H.A. Barnor |
| | Senior Co-ordinator | : | Mrs. G.D. Azu |
| | Information and Education Officer | : | Mr. Ernest Kwansa |

## Services

By the end of 1971 the association was operating 16 clinics, 9 of which had been opened during the year. A total of 45,252 clinic visits were made, of which 14,522 were new acceptors. Among new acceptors, spermicidal agents were almost as popular as the oral pill (4,345 as against 4,850 for pills), and the condom came third in popularity (3,400). The IUD was less popular (1,862) partly as a result of adverse rumours about its effects. The downward trend in IUD acceptance was reported to have continued into 1972 despite PPAG attempts to counteract the rumours.

During the period July 1970 to May 1972 out of a registered total of 44,201 new acceptors for the whole Ghana programme, nearly half were acccounted for by the PPAG and Christian Council clinics.

The Association carried out a study of IUD patients over the 2 years 1969-70. The study covered 506 clients fitted with different sizes of Lippes Loops. Results showed that removal accounted for most IUD drop outs: 17.6% had been removed by the end of 2 years. Expulsions accounted for 8.8%, and pregnancy for 3.3% of drop outs. 71% were known to be still in situ, a large proportion for so long a period.

## Education/Information

Extensive information and education activities were carried out by PPAG during 1971. Over 20,000 leaflets and 600 copies of the Newsletter were distributed, and several articles and advertisements appeared in the press. 10 programmes and 50 spots were broadcast on the radio, while 10 programmes and 25 spots were shown on television. PPAG co-operated with the Christian Council and the National Programme to mount a stand at the International Trade Fair held in Accra in February. Activities were particularly directed towards rural areas and industrial and commercial concerns. PPAG holds an annual Family Planning Week.

The fieldwork programme continues to expand. PPAG is responsible for fieldwork within the national programme, and fieldworkers direct potential acceptors to either Government or association clinics. 50 fieldworkers were employed by the end of 1971, and the number had reached 69 by mid-1972, including one male fieldworker working in the Northern Region. PPAG is conducting an experiment whereby groups of fieldworkers are assigned to specific areas for extended periods, for in depth study and home visiting, in contrast to the previous policy of changing fieldworker postings from time to time.

During 1971 PPAG took the initiative in the field of sex and family life education by appointing a committee to study the subject and a report has been submitted to the National Programme Secretariat.

All drivers of PPAG are now trained as Cinema and Film Projectionists. Training is conducted by the Cinema Division of the Government Information Service, giving general instruction on the handling and maintenance of films and projectors.

PPAG has had a full-time Information and Education Officer since August 1970.

## Training

The main training programme organised by PPAG is for fieldworkers. Fieldworkers are employed full-time in educational and motivation work, visiting homes, clinics and Government institutions. Training programmes have recently been revised and include role playing, film and puppet shows, use of visual aids such as flip charts and flannel graphs, and some practical experience of visiting homes and clinics.

In 1971, 33 new fieldworkers were given an 8-week course, while 13 serving fieldworkers attended a 3-day refresher course. Training programme for 1972 includes a 2-week leadership course for selected fieldworkers, and a 3-day refresher course for serving midwives in clinic procedures and staff supervision.

## Fund Raising

A successful fund raising campaign was held during 1971 and over $4,500 was raised. Activities, organized by different branches throughout the country, included film shows, exhibitions, puppet shows, jumble sales and a raffle.

## Government

The Government decided to adopt a population policy in 1969. This decision was ratified by the new civilian Government and the National Family Planning Programme was officially launched in May 1970, under the Directorship of Dr. A.A. Armar. The Prime Minister formally inaugurated the National Family Planning Council in March 1971. Mrs. Naa Morkor Busia is Chairman, and Dr. M.A. Barnor, Vice-Chairman. In April 1971, the Prime Minister created an Economic Planning Secretariat, which took over responsibility for a number of subjects formerly dealt with by the Ministry of Finance and Economic Planning, including implementation of the National Family Planning Programme.

Policy of the National Programme aims at reducing fertility, morbidity, and mortality, and controlling internal migration to avoid over-urbanisation. Targets set by the programme forecast an estimated total of 50,000 births prevented in the 5 years 1970-74. The initial phase of the programme is concentrating on providing family planning services at the larger Government hospitals. Family planning services are available from 50 Ministry of Health clinics, mainly provided by para-medical staff.

A programme of distribution of conventional contraceptives through commercial channels is in operation under Government supervision.

## Government Training

The Government now has training programmes for Family Planning Nurses. The course lasts 8 weeks, during which time participants are expected to perform at least 20 IUD insertions, and 50 pelvic examinations. Graduates of this course are accepted by the Government as qualified to operate clinics independently, and to provide all family planning services, including IUD insertions under medical supervision. The Government also runs a course for family planning doctors.

No Government training of field workers is carried out.

## National Family Planning Council

Chairman: Mrs. Naa Morkor Busia
Executive Director: Dr. A.A. Armar
Director of Information and Education: Mr. Martin Tay

## Address

National Family Planning Programme,
Development Planning Secretariat,
P.O.Box M.76,
Accra,
Ghana.

The Government recently signed a commodity agreement with US AID for the provision of contraceptives and medical supplies on a bilateral basis for the National Programme. This agreement replaced a provisional arrangement whereby IPPF initially provided supplies to the Ghana Government. The National Programme, in conjunction with PPAG and the Christian Council organised a family planning stand at the second Ghana International Trade Fair in February 1971.

Other Organisations

The Christian Council of Ghana provides family planning services at 4 centres in Accra, Tema, Kumasi and Ho. (Clinic at Takoradi closed in September 1970).

Christian Council of Ghana,
Committee on Christian Marriage and Family Life,
P.O.Box 919,
Accra.

Secretary: Mrs. C. Forrester-Paton.

The Christian Council held a training course for Family Advisers (part-time voluntary workers) in Cape Coast during September 1970.

USAID: gives support for a variety of activities related to family planning, including several awards for training in the United States, and finance for the Demographic Unit's sample survey. A recent bilateral agreement was signed with the Ghana Government for the provision of contraceptives and medical supplies.

The Population Council: helps support the Demographic Unit at the University of Ghana. Total support to this Unit will reach $300,000 by 1972. It also provides assistance to the post-partum programme at Korle Bu Hospital.

Ford Foundation: has helped finance overseas training trips for PPAG midwives. A Ford Foundation financed advisory team is involved with economic planning, and advisory assistance has been given to the National Family Planning Programme. The Foundation also financed a pill follow-up study by PPAG.

IPPF: continues to provide the main support for PPAG, and some to the Christian Council. IPPF's West African Representative is based in Accra.

Dr. Jean-Claude Garnier,
IPPF Representative in West Africa,
P.O.Box 7699,
Accra.

In 1967, IPPF financed the making of a 16 m.m. colour motivational film for Ghanaian villages called 'Planning Your Family', in English and 5 Ghanaian languages.

In November 1970, IPPF sponsored a Workshop in Accra on Family Planning Education in Africa. 11 African countries participated.

Overseas Development Administration (U.K.) has sent an advisor on audio-visual aids in the teaching of family planning to assist the National Family Planning Programme. Clinic equipment has also been sent.

Sources

Annual Report 1971 - Planned Parenthood Association of Ghana.
Budget 1973 - Planned Parenthood Association of Ghana.
PPAG Newsletters.
Europa Yearbook 1972.

# Situation Report

Distribution *

INDIA
Country

DECEMBER 1972
Date

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1 01. 839-2911/6

| STATISTICS | 1950 | 1960 | LATEST AVAILABLE FIGURES |
|---|---|---|---|
| Area | | | 3,268,090 sq.kms.[1]. |
| Total Population | 360,950,365 | 439,072,582 | 547,367,926 (1971)[2]. |
| Population Growth Rate | 1.3% (1941-50) | 2.15% (1951-60) | 2.46% (1966-70)[3]. |
| Birth Rate | 41.7 per 1,000 (1951-61) | 41.0 per 1,000 | 37.5 per 1,000 (1971)[4]. |
| Death Rate | 27.4 per 1,000 | 22.8 per 1,000 | 15.6 per 1,000 (1971)[4]. |
| Infant Mortality Rate | 183 per 1,000 (1941-50) | 146 per 1,000 (1951-60) | 113 per 1,000 (1966-70)[4]. |
| Women of fertile Age (15-44) | | | 117,651,000 (1970)[5]. |
| Population Under 15 | | | 42% (1972)[6]. |
| Urban Population | 17.3% | 18.0% | 19.9% (1971)[2]. |
| GNP per capita | | | US$110 (1970)[7]. |
| GNP Per capita growth rate | | | 1.2% (1960-70 average)[7]. |
| Population per doctor | 5,700 | 5,300 | 4,610 (1967)[1]. |
| Population per hospital bed | | | 1,371 (1965)[1]. |

1. UN Statistical Yearbook, 1971.
2. India, 1971-72 Publications Division Ministry of Information and Broadcasting, Government of India.
3. Programme Information, 1971-72 MOH & Family Planning, Government of India.
4. Data from Population Census, 1 April 1971
5. UN Demographic Yearbook, 1971.
6. Population Reference Bureau, World Population Data Sheet 1972.
7. World Bank Atlas 1972.

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* This report is not an official publication but has been prepared for informational and consultative purposes.

## GENERAL BACKGROUND

India forms a natural sub-continent with the Himalayas to the north and flanked by the Arabian Sea and the Bay of Bengal. The Union of India consists of 18 self-governing states. India has a parliamentary system of government with a bicameral legislature and a President and Vice-President.

India has 2.4% of the world's land area and 14% of its population. The density per square kilometre is 164. The population of India is expected to double itself in 27 years, at the present population growth rate. It adds 13 million annually to its population and during the period 1965-70 it increased by 67.9 million.

Life expectancy is 57.3 years for males and 56.0 years for females.

### Ethnic

The people of India are extremely varied in composition.

### Language

The official language is Hindi which uses the devanagari script. English is used as an associated language. Sixteen regional languages are officially recognised. There are several hundred dialects.

### Religion

The 1971 Census shows that there were 82.72% Hindus; 11.21% Muslims; 2.60% Christians; 1.89% Sikhs; 0.70% Buddhists and 0.47% Jains. Scheduled castes account for 14.60% of the total population and scheduled tribes 6.93%.

### Economy

Economic planning began in 1952 and since then India has had four Five-Year Plans. The aim was to initiate a 'process of development which will raise living standards and open out to the people new opportunities for a richer and more varied life', and to double per capita income by 1976. The success of the plans has been seriously hindered by the rapid growth of population. In 1966 the rupee was devalued. In 1970 a law nationalising Indian banks and granting full compensation to them was passed.

The contribution of agricultural production to national income has fallen, though it is still the largest single contributor and about 70% of the population depend on agriculture for their livelihood. This sector provides a large proportion of exports and India ranks first in the world in the production of tea, groundnuts and lac and second in the production of rice, jute and raw sugar. Exports are being diversified to include manufactured and semi-manufactured goods. India also possesses large deposits of coal, iron ore, bauxite, manganese, and rare metals. Oil and natural gas have been found and large-scale development is being carried out. India has succeeded in developing an efficient infrastructure and has also developed a wide range of industries - from textiles and other consumer goods industries to iron and steel and heavy engineering.

Exchange Rate:
US$1 = Rs. 7.96

## Communication/Education

Each state is responsible for education under the overall supervision of the Central Ministry of Education. Where possible education is both free and compulsory up to age 14. Schooling is divided into pre-primary, primary, middle and secondary grades. There were 62 universities; 1,322 Arts and Science Colleges; 1,151 Professional and Technical Colleges; 293 Special Education Colleges; 41 Research Institutions and 3,971 Vocation and Technical schools in 1965. Literacy rates were 39.5% for males and 18.45% for females according to preliminary 1971 census results.

The number of radios in use in 1970 was 11.8 million (22 per 1,000 population) and there were 25,000 television sets. In 1969 there were 650 newspapers with a circulation of 7.6 million, i.e. 14 papers per 1,000 population. There were 4,255 cinemas with a seating capacity of 4 million, i.e. 7.4 per 1,000 population. The annual attendance was 2.2 million in 1969.

In February 1971 a satellite communication centre was established at Poona.

## Medical

Health is primarily a concern of State Governments but the Central Government improves the public health services through the five-year plans. In 1965 there were 13,166 hospital establishments with 291,184 beds and in 1967 there were 110,884 physicians, 59,914 nurses and 65,589 midwives. Health Insurance started among government employees in New Delhi and certain industrial workers. The Central Social Welfare Board runs over 3,000 village centres dealing with crime, poverty and disease. Family planning plays an important part in India's social welfare service.

## FAMILY PLANNING SITUATION

India's national family programme is the largest in the world. India has signed the UN Declaration on population. A voluntary Family Planning Association also supports the programme.

## Legislation

There is no anti-contraceptive legislation.

The minimum age of marriage was fixed at 18 years for males and 15 years for females by law in 1929. Since then the age of marriage has in practice been rising and today stands at over 16 years in the case of girls. Raising the marriage age to 18 for girls and 21 for men is now under consideration.

Some states have also passed legislation affecting family size, for example, Madhiya Pradesh and Maharastra have limited free government medical facilities to those with 3 children or less.

A new abortion law was passed in 1971 and came into effect in April 1972. Under the new law medical termination of pregnancy is allowed on health, eugenic, socio-economic and humanitarian grounds. The new law has also made abortion legal in those cases where pregnancy results from failure of contraceptive method.

## FAMILY PLANNING ASSOCIATION

### Address:

Family Planning Association of India,
1, Jeevan Udyog,
Dadabhai Naoroji Road,
Bombay 1,
INDIA.

Cable: FAMPLAN

### Personnel:

| | |
|---|---|
| President: | Smt. Avabai B. Wadia |
| Vice-Presidents: | Shri. T. Ramesh U. Pai |
| | Shri. B.M. Singhi |
| | Smt. Premlata Gupta |
| Hon. General Secretary: | Smt. Mallika Ghosh |
| Joint Hon. Treasurers: | Smt. Vaidehi Char |
| | Smt. Aulat Dalal |
| Executive Secretary: | Miss Kamala Rao |

### History

Family planning activities started in India in the 1920s. The first clinic was opened by Professor R.D. Karve in Poona in 1923. By 1930 the Government of Mysore had opened the first government clinic. The Family Planning Association was founded in 1949, originating out of the Bombay Family Planning Committee. The Family Planning Association of India was a founder member of IPPF. The Association has always urged the necessity of a government programme for family planning. Its work is concerned primarily with family planning education, clinic services, training family planning personnel and research. It has 25 branches, and it receives financial support from the Government and the IPPF.

### Medical and Clinical Services

The Association now has 58 standard type clinics. It is proposed to strengthen them by the appointment of additional para-medical staff for the purpose of supplementing family planning services with nutrition services. 23 mobile units are used in arranging vasectomy and tubectomy camps, and in motivation and education work. Emphasis is placed on industrial and slum areas. The New Delhi Branch has opened a ten-bed Comprehensive Model Clinic which incorporates the tubectomy clinic originally set up for supporting its programme in the industrial concerns in Faridabad. The Indore Branch has established a vasectomy clinic in addition to its tubectomy services. Maternal and child health services are provided in the Indore and Lucknow Branches. In 1971 approximately 51,386 acceptors were recorded. Of these, 14,936 accepted vasectomy, 2,955 tubectomy, 19,000 IUDs, 1,862 orals and 12,633 other methods.

For 1973, 10 Comprehensive Model Clinics are planned for the provision of a full range of family planning services (including abortion). Maternal and Child Health Services will be added to family planning activities in 12 clinics, and nutrition care and advice in a further 12. The infertility aspect of family planning will also receive increased

attention.

The Association has sponsored the manufacture and distribution of low-priced vacuum abortion equipment designed by its Medical Director. 25 units were produced in 1971 and a target of 75 set for 1972. Intensive sterilisation campaigns continue to increase in importance. Sizeable sterilisation camps were organised in 1972. It is estimated that 20,000 sterilisations will be carried out in 1973.

Information and Education

In the field of education and motivation the Association's coverage continued to increase at Headquarters. Meetings and group talks were conducted in which over 95,000 persons participated in 1971. The total population covered in the Association's education programme is altogether between four and five millions. Attention is focussed on rural communities, residents of low income housing colonies and industrial workers.

Following the Conference on "Population Education and the Younger Generation", held in February 1971, it is planned to develop population education programmes at 12 branches in 1972, and a further 12 in 1973. Assistance was also given to the Tirupati University to start a Population Education Centre.

Several seminars have been held to arouse the interest of educational institutes and teachers in Population Education. A school curriculum has been submitted to a State Government for testing in schools. In Secondary Schools extra curricular programmes are being tried out. Programmes also cover college students, trainees in technical schools and rural institutes, adult literacy classes, and special efforts are being made to reach out of school youth.

The Association uses its 23 mobile units for motivation and educational purposes. In 1973, it is hoped to have 32 mobile units. Interpersonal motivation plays a very important part, and in 1971, at the Headquarters itself, 51,821 people were contacted and 22,530 were re-contacted for further motivation and follow-up.

The "Elesh Express", which is a commercial advertising train, was used successfully by the Association for spreading information on family planning. It visited three states over a period of 105 days. The periodical "Journal of Family Welfare" and the bulletin "Planned Parenthood" have been published by the Association for the past 19 years. Four of the branches of the Association have their own bulletins. At Headquarters efforts are underway for the production of a population education-cum environment quarterly "Ecos".

Radio talks and film shows continued to be part of the information and education effort. Following the great success of the eight minute colour cartoon film "Baap-re-Baap", which won the first prize in the Government awards for family planning films, a film on man and his environment has been commissioned and will be completed by the end of 1972.

## Training

A four day advanced course on family planning for doctors was organised in December 1970. This programme has developed rapidly and 5 such courses were held in 1971, covering a total of 125 doctors. 6 courses are scheduled for 1973 also.

In-service training is regularly given to FPAI staff. In 1973, 3 Refresher Courses will be held for Family Planning Educators; and FPAI staff will be involved in an orientation meeting for volunteers and executives. Staff will continue to participate in regional and international training courses and meetings.

## Field Work

Field programmes at the Headquarters include those aimed at suburban housing colonies covering a population of 658,000. In the Bhayandar Rural Project there is a greater emphasis on home visits and personal contact. Tubectomy and vasectomy camps are regular features of the field programme.

In Bombay, the Association has developed a clinic and information service in the Bombay/Thana industrial complex. It currently covers 125 industrial concerns, with an aggregate employee strength of 153,000. The Mobile Service Team does the follow-up of camp clients.

The Delhi Branch has initiated a programme for industrial concerns in an industrial area covering a population of 100,000. Tubectomy services are provided. Also, Information Centres have been set up, covering 19 villages.

Branches in Andhra, Indore, Lucknow, Jabalpur, Punjab and Haryana have developed field programmes. Industrial family planning projects have been started in Kanpur, Ahmedabad, Baroda and Surat. Another project planned for 1972 is in the rural coal mining area in Central India.

## Special Projects

One of the best special projects of the Association is the rural project based at Bhayandar. The rate of acceptance of family planning methods is reported to be around 52 per 1,000 of the population. It serves a multi-religious group including Catholics and Moslems. Research is being carried out on the reasons for acceptance/non-acceptance.

The Population Study Centre at Sri Venkateswara University, at Thirupati, in Southern India, is expected to be functioning by the end of 1972. The city has a large rural hinterland where population education experiments will be conducted.

The Rural Family Planning Project of the Agricultural Institute, Allahabad, started in 1971, and will be continued through a 5 year period. It covers an area with a population of 160,000. It represents an integrated approach to family planning and includes general health, nutrition and agricultural extension work. Different approaches are being experimented with.

Research projected for 1973 include a follow-up study of abortion cases, a survey of the attitude of trade union leaders towards family planning promotion in industry, a study of resistance to family planning among industrial workers, and a 3 year study of the effects on pre and post natal mothers of nutrition supplements.

## Government

### Address

Department of Family Planning,
Ministry of Health, Family Planning and
Urban Development,
Nirman Bhavan,
New Delhi - 11,
INDIA.

### Personnel

Minister of Health, Family Planning: Mr. Khalidkar

Family Planning Commissioner (Acting): Dr. V.D. Mullick

## History

India's government family planning programme started in 1951. Initial progress was slow, concentrating on research into the needs of the programme. In the 1950s, following the advice of a WHO expert, extensive trials of the rhythm method were undertaken, which demonstrated the impracticability of relying on this method for a large national family planning programme. It was not until after the UN Advisory Mission in 1965, which was chaired by the then Secretary General of the IPPF, Sir Colville Deverell, and the increasing availability of modern contraceptive techniques, such as the IUD, that the programme got into swing. It gained momentum with the extension approach in Education and Motivation. More recently the mass sterilisation has been made popular through the Camp approach.

| | Budget Allocation (Rs) | Actual Expenses (Rs) | No. of Clinics |
|---|---|---|---|
| 1st Five Year Plan 1951-56 | 3 million | 1.5 million | 147 |
| 2nd Five Year Plan 1956-61 | 49.5 million | 22 million | 4,165 |
| 3rd Five Year Plan 1961-66 | 270 million | 250 million | 20,000+ |
| 4th Five Year Plan 1969-74 | 3,000 million | - | - |

Expenditure in 1970-71 was Rs470 million.

Target

The Fourth Five Year Plan stipulates a target birth rate of 32 per 1,000 by 1974 and 25 per 1,000 by 1978-79, with a growth rate of 1.5% by the end of the seventies decade.

Organization

The organization and administration of Health and Family Planning under the Indian Federal Constitution are state subjects. While the 18 state Government and 11 Union Territories are responsible for the administration and implementation of the programme, virtually the entire cost is borne by the Central Government. A Central Family Planning Council, renamed National Institute of Family Planning in 1971, headed by the Union Minister of Health and Family Planning and including State Health Ministers, representatives of leading voluntary organisations and others involved in the Family Planning Programme, provides the means of effective Centre-State communication and coordination. At the state level the responsibility for administrative supervision and implementation of the programme lies with the State Family Planning Bureau. There is close coordination at all levels between federal, state and voluntary family planning programmes.

By mid-1971 the organisational set up included:

| | | |
|---|---|---|
| 1) | State Family Planning Bureaux | 18 |
| 2) | District Family Planning Bureaux | 325 |
| 3) | Urban Family Planning Centres | 1,812 |
| 4) | Rural Family Welfare Centres | 5,100 |
| 5) | Rural Subcentres | 29,996 |
| 6) | Other medical institutions doing rural family planning work | 7,589 |
| 7) | Other institutions doing family planning work | 2,288 |
| 8) | Mobile Units | |
| | a) Sterilisation | 431 |
| | b) IUD | 432 |

9) All major hospitals also provide family planning services.

## Services

The main feature of the programme is the 'cafeteria' approach whereby married couples are free to choose from among a range of scientifically approved and tested contraceptive methods and devices consisting of male and female sterilisation, IUDs, condoms, foam tablets, jellies and diaphragms. A start has been made to introduce oral pills into the programme. 317 experimental projects have been set up. It is estimated that 100,000 women in urban areas use orals prescribed by private practitioners.

As a result of the programme efforts thus far, about 8.9 million sterilisations have been performed, 3.9 million IUDs inserted and conventional contraceptive-couple years of protection are now at an annual level of 2.1 million. This covers approximately 8% of the country's 100 million couples in the reproduction age. In 1970-71 an estimated 2.2 million births were prevented. It is estimated that since its inception the programme has prevented 7.4 million births up to 1970-71. The total number of annual acceptors has been rising steadily.

| | Sterilisation (000s) | IUD (000s) | Conventional Contraceptive Users (000s) |
|---|---|---|---|
| 1965/66 | 671 | 813 | 582 |
| 1966/67 | 887 | 910 | 465 |
| 1967/68 | 1,840 | 669 | 475 |
| 1968/69 | 1,664 | 480 | 961 |
| 1969/70 | 1,422 | 459 | 1,515 |
| 1970/71 | 1,312 | 466 | 2,139 |
| 1971/72 (April/July) | 279 | 113 | 2,075 |

It is difficult to measure the success of a programme as vast as that of India. However, it is indicated that as a result of the family planning programme the birth rate has been reduced from 41.7 per 1,000 in 1961 to 37.4 per 1,000 in 1970. Decline in birth rates have also been reported in particular areas:

| | | |
|---|---|---|
| Gandhigram, Madras | 1962 - 40/1,000 | 1965 - 36.3/1,000 |
| Calcutta | 1963 - 26/1,000 | 1964 - 22/1,000 |
| Mehranhi, N.Delhi | 1963 - 52/1,000 | 1966 - 49/1,000 |

Payments are made for IUD insertion and sterilisation to the patient, 'motivator' and medical personnel. These vary in amount from Rs10 to Rs250/- depending on the source. State Governments allow about Rs30/- broken up between those involved.

The Government has set up a network for the commercial distribution of condom. For this the existing wholesale and retail network of nationwide distributers of products such as Lipton tea, Hindustan Lever etc. are utilised. Condoms are also sold through postmen, tea shops, midwives, hospitals and family planning clinics.

## Training

Training is provided to doctors and staff in the 5 Central Institutes, 16 Central Family Planning Field Units and 44 Regional Family Planning Training Centres. So far 5,604 doctors and 24,197 other members have been trained in long term courses. In the short term courses 13,156 doctors and 163,751 other members were trained until June 1971.

Auxiliary nurse midwives are now receiving training at more than 303 schools, and a training programme for village midwives (dais) has been introduced. There are an additional 18 schools for the training of Lady Health Visitors.

The personnel involved in the government family planning programme is approximately 62,000 and in addition, the village dais number more than 75,000.

## Education and Information

This is of vital importance, as the Indian Family Planning programme is purely voluntary, and so people must be informed of family planning and persuaded to accept a method through the education programme.

The strategy is to concentrate on a few meaningful, positive statements used continuously, using both modern mass media (which reaches about 20% of the population) and traditional cultural media. The four face and inverted red triangle and the slogan 'Do ya teen, Bacche, Bas' (Two or three children - STOP) has been used as the Family Planning Symbol.

This is used in many ways, it is shown on publications, posters, wall paintings, bus boards, rickshaw boards, tablets, on trains and coaches, match boxes and telephone directories, and there is a family planning postage stamp. The new slogan adopted in 1969, 'Next child not yet - after third never' shows a change in the theme away from limitation towards the concept of child spacing. Railway train motivators are used to motivate men to adopt family planning methods.

The press regularly prints articles and supplements; and all radio stations broadcast family planning information in women's and rural programmes, and also broadcast discussions and speeches by leading personalities. 67 radio stations have family planning cells. Mobile publicity units are used, the Government has 172 of which 30 are exclusively devoted to family planning and the rest have it as a major activity.

Song and dance, drama parties, puppets and exhibitions are greatly used. Feature films have been made, and many regional films and quickies in regional languages are used.

Family planning fortnights are organised at state and national levels, and intensive activity takes place. All programme personnel are responsible for transmitting the message. Local opinion leaders are being identified and literature will be mailed to 2.5 million of them. The voluntary organisations such as the Red Cross, Rotary and Lions Club, Chambers of Commerce and religious bodies all participate. Practitioners of indigenious and homeopathic medicine are also encouraged to take interest.

A syllabus for the purpose of introducing Population Education to the school system has been worked out by the National Council of Educational Research and Training. Audio-visual and textual material is being prepared for this programme.

## Research and Evaluation

Over the years the research capacities and capabilities have been strengthened to more than 20 research institutes which carry forward the demographic, communication action and bio-medical research programmes.

There are now 11 Demographic Research Centres (including International Institute of Population Studies at Bombay) and 16 Communication Action Research Centres, doing studies in selected areas to describe characteristics of family planning acceptors, KAP Studies, age-specific fertility rates of different groups, numbers of births to be averted, preliminary cost benefit analysis, etc. The Central Family Planning Institute coordinates the research activities in these various fields and also acts as a clearing house and documentation centre for effective utilisation of research in the programme.

Demographic and Evaluation Cells have been established in each of the 18 state Family Planning Bureaux. The cells are expected to undertake specialised evaluation studies in connection with the various inputs of the programme, and to highlight deficiencies in certain areas of the programme.

Within the Department of Family Planning itself the responsibility for evaluation rests with the Evaluation and Intelligence Units. The Department of Family Planning has also sanctioned the establishment of a Programme Analysis and Research Information Unit.

The Department of Family Planning has also relied upon external evaluation of the programme. At the request of the Government of India, 2 UN teams have assessed the Indian programme, first in 1965 and then in 1969. The Programme Evaluation organisation of the Planning Commission has also been called upon to make its assessment of the programme.

The UN Mission in 1969 while praising India's efforts so far, pointed out that only one third of the 100 million eligible couples could be covered in the present 5 Year Plan.

## Publications

A very large number are produced - many in local languages. Among the regular English publications are the following:

| | |
|---|---|
| Centre Calling | Monthly newsletter of the Department of Family Planning, Government of India |
| DTRC Newsletter | Information on research and activities of research institute |
| Family Planning Newsletter | Family Planning Department, Chamber of Commerce, Calcutta |
| Sukhi Sansar | Quarterly journal devoted to State programme in Mahareshra |
| Family Planning News | Monthly - Government of India |
| Population Review | 6 monthly bulletin |
| Demographic and Development Digest | Published by Demographic Research Centre, Department of Economics, University of Lucknow, U-P, India. |

Other Organisations

The Christian Medical Association of India has a nationwide family planning project.

Organisations Providing Assistance

Private

Ford Foundation is a major provider of assistance to India. It provides consultants in developing information and education programmes. It supports the Gandhigram project and training programmes for Indian personnel, and research into reproduction biology in India.

Population Council is a major supporter of the programme. Trials of an IUD designed specifically for India are under way. A small IUD factory has been established. The IUD post partum programme covers 40 hospitals throughout the country and the Council has a resident advisor in India.

Rockfeller Foundation supports some projects.

OXFAM (UK) has supported family planning projects in India.

Church World Services promotes family planning through 450 Christian hospitals and clinics.

The Ross Institute of Tropical Hygiene runs a family planning project in the tea estates of Assam.

The American Friends Services Committee and World Neighbors also have family planning projects.

The Unitarian Service Committee of Canada gives a grant to FPAI.

The Pathfinder Fund helps run several clinics and has assisted with school syllabuses in population education.

CARE has provided incentives for use at vasectomy camps.

International and Governmental

IPPF supports the work of the FPAI through financial, commodity and technical assistance.

United Nations has sent two missions, in 1965 and 1969. The second in cooperation with UNESCO. The UN supports the Demographic Training Research Centre in Bombay. UNICEF has provided supplies, equipment and vehicles for health centres. WHO and UNFPA are involved in organising abortion services following the Medical Termination of Pregnancies Act of 1971. In addition WHO has provided followships for the training of dais, and UNFPA made a grant in February 1972 for the vasectomy camps campaign. UNDP help set up a centre for the Development of Educational Mass Media at New Delhi.

World Bank A grant was given in 1972 for nutrition associated with Family Welfare and Planning.

Sweden (SIDA) provides condoms, printing units, offset paper, electric testing machines, etc.

Japan has provided Yen credit for purchase for contraceptives and has helped with training.

Denmark provides IUDs for clinical purposes, holds trials of the Danish IUD Antigon and has assisted with training and buildings.

Norway gives a grant for the Hospital Post Partum programme.

UK Overseas Development Administration has provided some support.

A number of other organisations also provide assistance to Family Planning in India.

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# Situation Report

Distribution*

Country SOUTH AFRICA

Date OCTOBER 1972

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1

01. 839–2911/6

| STATISTICS | 1950 | 1960 | LATEST AVAILABLE FIGURES |
|---|---|---|---|
| Area | | | 1,221,037 sq.kms. |
| Total Population | 12,458,000 | 15,925,000 | 21,448,169 (1970)[1]. |
| Population Growth Rate | | | 2.4% (1963-70)[2]. |
| Birth Rate | | | 40.3 per 1,000 (1965-70)[2]. |
| Death Rate | | | 16.6 per 1,000 (1965-70)[2]. |
| Infant Mortality Rate | | | see under Medical |
| Women of Fertile Age Group (15-44) | | | 3,414,624 (1960)[2]. |
| Population under 15 | | | 40% (1960)[2]. |
| Urban Population | | | 50.4% (1970)[3]. |
| GNP per capita | | | US$710 (1969)[4]. |
| GNP per capita growth rate | | | 3.8% (1960-69)[4]. |
| Population per doctor | | | 1,502 (1967)[5]. |
| Population per hospital bed | | | 189 (1962)[5]. |

1. 1970 Population Census
2. UN Demographic Yearbook 1970
3. Kingsley Davis, World Urbanization 1950-70
4. World Bank Atlas
5. UN Statistical Yearbook 1971

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* This report is not an official publication but has been prepared for informational and consultative purposes.

## GENERAL BACKGROUND

South Africa has followed an official policy of apartheid, the separate development of racial groups, since the Nationalist Party came to power in 1948. The country became a Republic outside the British Commonwealth in 1961. About 12% of the land has been set aside in non-contiguous areas for the African population as Bantustans, or areas intended for eventual development into 'independent' African states. The Transkei (population 1.75 million 1970) was the first of these to be granted limited internal self-government in 1963. South Africa is the de facto administrator of the territory of South West Africa (Namibia).

There is strict legislation governing residence and the movement of Africans to urban areas. Nevertheless, the 1970 census showed an annual urban growth rate of 3.5%, and the overall number of Africans in 'white' areas had increased from 6.8 million in 1960 to 8 million in 1970. The administrative capital is Pretoria (493,000 population), the legislative capital is Cape Town (626,000 population) and the judicial capital is Bloemfontein. Johannesburg is the largest city with a population in 1968 of 1,364,000.

### Ethnic Groups

70% of the population are African, 18% Whites, 9% Coloured and 3% Asian.

### Language

Afrikaans and English are the official languages. The main African languages are Xhosa, Zulu and Sotho.

### Religion

About 55% of the white population belong to the Dutch Reformed Church, and the remainder are largely Anglicans or Methodists. Some 20% of Africans belong to Bantu Seperatist Christian Churches. There are minorities of Roman Catholics, Hindus and Jews.

### Economy

Manufacturing now makes the major contribution to national income, followed by mining and agriculture. Agriculture employs about 30% of the economically active population, but constitutes only about 10% of gross domestic product. Some of the richest fishing areas in the world lie off the South African coast. Large numbers of Africans are engaged in subsistence farming in the homelands, and African employment in industry in white areas, particularly skilled jobs, is strictly controlled by legislation. Industry is heavily concentrated in 4 areas - the southern Transvaal, western Cape, and the areas round Durban and Port Elizabeth. Recent economic policy has attempted to decentralize industrial location by attracting industries to border areas near African reserves largely in order to stem the flow of Africans going to white industrial areas. Strict adherence to the legislative restrictions of apartheid has already caused problems of labour shortages, particularly of skilled labour, in some industries.
South Africa is richly endowed with mineral resources both in quantity and quality. These include gold, silver, diamonds, uranium, asbestos, chrome, copper, iron, magnesium, nickel, platinum, tin, coal and vanadium. South Africa is the world's largest gold producer.

Main exports in 1970, in order of importance, were vegetable products and prepared foodstuffs, base metals and articles thereof, mineral products, precious and semi-precious stones, machinery and equipment, chemicals and allied products, textiles and articles thereof.

Communications/Education

| | |
|---|---|
| Radio: | 214 sets per 1,000 people (1971) |
| Cinema: | 18.6 seats per 1,000 people (1970) |
| Newspapers: | 45 copies per 1,000 people (1966) |

Television is not expected to be introduced until 1975 or 76.

Rail, road and air networks are well developed. More than 20,000 vessels called at South African and South West African ports in 1968.

School enrolment 1967 - primary and secondary: white 793,189 non-white 2,853,837. University and university colleges: white 44,184 non-white 4,218.

Medical

Medical services are administered by the Provinces and reach a high standard. There are 5 medical schools. In 1969, infant mortality was estimated at 21.7 per 1,000 for whites and 134.8 per 1,000 for non-whites.

FAMILY PLANNING SITUATION

Family planning services are provided in many Government hospitals, municipality clinics, and by the Family Planning Association of South Africa. Local authorities are increasingly taking on the role of providing clinic services. The Family Planning Association is supported locally by means of a Government grant, which is divided between the Association's 5 Regions, and by funds received from commerce and industry.

History

The Association was founded in 1932 and received its first grant from the Government in 1966 when family planning began to be offered by local authorities as part of routine health services. The Association became an IPPF member in 1953.

Legislation

There is no anti-contraceptive legislation.

FAMILY PLANNING ASSOCIATION ADDRESS

Family Planning Association of South Africa,
Merlen House,
49, Simmonds Street,
Johannesburg.

Tel. 836 5974

Personnel

| | |
|---|---|
| President: | Dr. Basil Bloch |
| National Secretary: | Mrs. J.C. Williams |
| Executive Chairman: | Mr. G.D. Andrew |

## Services

The association has 5 branches, one each in East Cape, Natal, Orange Free State, Transvaal and Western Cape. In addition, there is an association in the Transkei. The clinic role of the Association is increasingly being taken over by local authorities. More than 100 clinics have been handed over, and the East Cape and West Cape Regions have achieved total handover. By the end of 1973, the Association expects to have completely relinquished its clinic role, with the exception of its training clinics.

The Association's Medical Committee performs an important function in setting standards of treatment and investigating new methods.

In the Transkei, the one clinic, which opened in Umtata in January 1969, is served by a nurse, a fieldworker, and a part-time doctor. Over a 10-month period prior to mid-1971, the clinic dealt with 331 new acceptors and 1,717 revisits. New acceptors were approximately two-thirds on orals and one third on injectables.

IPPF has made grants to the Association specifically for use in the Transkei.

## Information/Education

The information and education role of the Association is an increasingly important one, and demands for lectures, film shows, talks and discussions at all levels and with all ages, sexes and occupations is reported to be growing daily.

The Association produces most of its own posters and leaflets in local languages and advertises in the press. Health educators and fieldworkers do house-to-house visiting as well as addressing groups and giving film shows.

West Cape provides a factory advisory service to over 40 shops, and other branches are attempting to follow the example.

## Training

Training is the other major activity of the Association. The Association runs 5 training centres, as well as training clinics, and plans to extend training facilities in 1973. When training was first started priority was given to nurses. Training has now been extended to offer courses to health inspectors and social workers, and other personnel who are not employed by the Association itself.

## Sources

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